MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06905

6922 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 516 Reynolds Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 516 Reynolds Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Knode (Last) Baker, Jr.

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-25-1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR: Months 3 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Public Acct.

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John K. Baker

14. MOTHER'S MAIDEN NAME: Mary A. Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. John K. Baker, Jr. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

IMMEDIATE CAUSE (A) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1946 to July 27, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 6:50 A. M., from the causes and on the date stated above.

SIGNATURE Thos. K. Lemmon M. D. ADDRESS Hagerstown Md DATE SIGNED 7/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7-30-1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 30, 1954 — REGISTRAR'S SIGNATURE Chas. F. Bowers

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
AUG 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06906

6971

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport X

LENGTH OF STAY (in this place) 3mos.-4wk.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick 10-35-2

STREET ADDRESS (If rural, give location) 115 Potomac St. @ 5 am 25

3. NAME OF DECEASED: (Type or Print) (First) Nelle (Middle) Arlene (Last) Barnett

4. DATE OF DEATH: (Month) July (Day) 8, (Year) 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 5, 1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Fairplay, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David A. Miller

14. MOTHER'S MAIDEN NAME: Anna K Paddison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-32-1006

17. INFORMANT & ADDRESS: Mrs. Elizabeth Hennessy, Hoj, R-3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170 X

Immediate cause (a) Cardio vascular collapse — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of breast + metatesis — 6 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948 1

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rt. breast.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953, to 8 July, 1954, that I last saw the deceased alive on 6 July, 1954, and that death occurred at 5:35 A.m., from the causes and on the date stated above.

SIGNATURE Paul Haab M.D. (DEGREE OR TITLE) ADDRESS Williamsport Md DATE SIGNED 8 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 7/10/54 NAME OF CEMETERY OR CREMATORY St. Peters Church Cem. LOCATION (City, town, or county) Bolivar Jefferson (State) W. Va.

DATE REC'D BY LOCAL REG. July 9, 1954 REGISTRAR'S SIGNATURE E. Lee McElroy

24. FUNERAL DIRECTOR W. T. Norment, Hagerstown Md. ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 15 1954
BUREAU V. S.

06907

MARYLAND 6972

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE X
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN STREET X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X KEEDYSVILLE
STREET ADDRESS (If rural, give location) MAIN STREET

3. NAME OF DECEASED (Type or Print) (First) LORENA (Middle) T (Last) BAXTER

4. DATE OF DEATH (Month) JULY (Day) 3 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH DEC. 13 - 1865

9. AGE last birthday 88-6-20 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) KEEDYSVILLE WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME DAVID WYAND

14. MOTHER'S MAIDEN NAME KATHERINE WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS MRS. MAUDE B. SNYDER KEEDYSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

Antecedent cause(s) (b) Arteriosclerotic Heart disease — many years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 0

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to 3rd July, 1954, that I last saw the deceased alive on 5 May, 1954, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Shepherds Town WVa DATE SIGNED 3 July 1954

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE JULY-5, 1954

NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY

LOCATION (City, town, or county) KEEDYSVILLE MD. (State)

DATE REC'D BY LOCAL REG. July 5 1954

REGISTRAR'S SIGNATURE B H Geeting

24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD

RECEIVED
JUL 7 1954
BUREAU V. S.

06908

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6923

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. 20 Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) Wash. Co. Hospital

3. NAME OF DECEASED: (Type or Print) (First) GRANT (Middle) ALAN (Last) BISHOP

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 19, 1954

9. AGE last birthday: — 0 — yrs. IF UNDER 1 YEAR: Months 0 Days 2 IF UNDER 24 HRS.: Hours 8 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. Co. Hosp.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Bishop

14. MOTHER'S MAIDEN NAME: Irma Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: George Bishop 71 West side Ave Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

762.5

Immediate cause (a) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) (b) Prematurity — 3 days.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1954, to 7/21, 1954, that I last saw the deceased alive on 7/21, 1954, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE Richard H. Young (DEGREE OR TITLE) M.D. ADDRESS 302 h. Potomac St. Hagerstown DATE SIGNED 7/22/54

23. BURIAL, CREMATION REMOVAL (Specify): B

DATE THEREOF 7/23/54

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Greencastle, Pa.

DATE REC'D BY LOCAL REG. July 22, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR A. E. Minnich ADDRESS Greencastle Pa

2074363312

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06909

CERTIFICATE OF DEATH

6924

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Hagerstown
STREET ADDRESS (If rural give location) Dual Highway

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Francis (Last) Bergman

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 13 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Bergman

14. MOTHER'S MAIDEN NAME: Margaret Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-4725

17. INFORMANT & ADDRESS: Eugene T Bergman Dual Highway Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1774

IMMEDIATE CAUSE (A) Metastatic carcinoma (uremia)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cancer of prostate gland DUE TO several years

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —0

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to July, 1954, that I last saw the deceased alive on June, 1954, and that death occurred at 5:00 P. M, from the causes and on the date stated above.

SIGNATURE Howard R. Wells M.D. ADDRESS Hagerstown, Md. DATE SIGNED 7/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 12 1954 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 10. 1954 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 13 1954
BUREAU V. S.

Countersigned July 25'54

06910

MARYLAND 6925

STATE DEPARTMETT OF HEALTH

S. Robert Wells, M.D.
D.M.E. Wash. Co. Md.

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 462 N. POTOMAC ST. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 462 N. POTOMAC ST.

3. NAME OF DECEASED (Type or Print) (First) LILLIAN (Middle) INEZ (Last) BOSWELL

4. DATE OF DEATH (Month) JULY (Day) 24 (Year) 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY-21-1896
9. AGE last birthday 58-2-3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) MECKLENBURG CO. VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME LUCIUS M. BETTUS
14. MOTHER'S MAIDEN NAME JANE ELIZABETH SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS JOSEPH D. BOSWELL 462 N. POTOMAC ST. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cardiovascular Disease & Collapse	Immed.
Antecedent cause(s) (b)	Coronary artery Disease	yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Nephritis	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1954, to 7/24, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 7 55 A.m., from the causes and on the date stated above.

SIGNATURE Louis S. Graff M.D. (Degree or title) M.D. ADDRESS 119 E. Antietam St DATE SIGNED 7/24/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE JULY-27-1954
NAME OF CEMETERY OR CREMATORY PETTUS FAMILY PLOT
LOCATION (City, town, or county) FINNYWOOD MECKLENBURG CO VA (State)

DATE REC'D BY LOCAL REG. July 24. 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

JUL 27 1954

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06911

CERTIFICATE OF DEATH

6926

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Fred.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville; STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Brandenburg

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-22-1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farm owner

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Brandenburg

14. MOTHER'S MAIDEN NAME: Clara Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Bertha Brandenburg, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (163X)	(a) Acute asphyxiation	12 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO obstruction by metastases	4 mos.
	(c) DUE TO Carcinoma of Rt. lung	3-4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pathological fracture & bone erosion

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954, to July 24, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 12:06 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth C. Gleason, M.D. ADDRESS 208 Broad St. Middletown Md. DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7-27-1954; NAME OF CEMETERY OR CREMATORY Lutheran Cemetery; LOCATION (City, town, or county) Middletown, (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 28, 1954; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.

Read from mrs Marie Gladhill Lic. Reg. Middletown, Md. 7/28/54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1954
BUREAU V. S.

210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06912

6973

CERTIFICATE OF DEATH

Reg. Dist. No. 3 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spiglers Near Clspg.
LENGTH OF STAY (in this place) 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spiglers near Clear Spring, Md
STREET ADDRESS (If rural give location) Near Clear Spring, Md.

3. NAME OF DECEASED: (Type or Print) (First) Jay (Middle) Leslie (Last) Brewer

4. DATE OF DEATH: (Month) (Day) (Year) July 19, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: August 11, 1947

9. AGE last birthday: 6 yrs
IF UNDER 1 YEAR: Months 11 Days 22
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cearfoss, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harold Brewer

14. MOTHER'S MAIDEN NAME: Thelma Everitts Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Thelma Everitts Brewer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Brain tumor, type ? — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hydrocephalus, type ?? — life

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1947, to July 18, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 7:00 am. from the causes and on the date stated above.

SIGNATURE Charles Robert Cohen M. D.
ADDRESS Clear Spring, Maryland
DATE SIGNED 7-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 20, 1954
NAME OF CEMETERY OR CREMATORY: St. Pauls Cem.
LOCATION (City, town, or county) (State): Near Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR: July 20-54
REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR: Adrain H. Rowland
ADDRESS: Clear Spring, Md.

RECEIVED
AUG 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06913

Dr. Hornbaker 6927

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 7 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 52 North Ave.

3. NAME OF DECEASED: (Type or Print) (First) GENEVIEVE (Middle) LUCILE (Last) BRINDLE

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 24, 1912

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Grove, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry E. Wolf

14. MOTHER'S MAIDEN NAME: Lucile Yeisley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Robert H. Brindle

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
416X IMMEDIATE CAUSE	(A) Cerebral Embolism & Left Hemiplegia	6 wks.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Rheumatic Heart disease & auricular fibrillation -	About 20 years -
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1940 to 7-28, 1954, that I last saw the deceased alive on 7-28, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE John H. Hornbaker M.D. M.D. ADDRESS 154 W. Washington St - Hagerstown, Md. DATE SIGNED 7-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-31-54 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 30/1954 | REGISTRAR'S SIGNATURE [illegible] Howard

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG 2
BUFFALO N. Y.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06914

6928 CERTIFICATE OF DEATH Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place) 60yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 N. Jonathan Street

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland.
STREET ADDRESS (If rural give location) 312 N. Jonathan, Street.

3. NAME OF DECEASED: (Type or Print) (First) Lara (Middle) R^m Not (Last) Brooks

4. DATE OF DEATH: (Month) 7? (Day) 26 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 5 1879

9. AGE last birthday: 75 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Breaver Creek Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas William

14. MOTHER'S MAIDEN NAME: Mary Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-20-9716

17. INFORMANT & ADDRESS: Mrs. Cele Overton 312 N. Jonathan. St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HAEMORRHAGE — Interval Between Onset And Death: 2 DAYS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE — 4? YEARS.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954, to July 26, 1954, that I last saw the deceased alive on July 25 1954, and that death occurred at 6 19 A.M. P.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) U. J. Layman, M.D. ADDRESS Hagerstown, Md. DATE SIGNED July 27/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-29-1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR July 29 1954

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS Hagerstown Md

VS. A15

AUG 2

06915

MARYLAND

STATE DEPARTMETT OF HEALTH

6974

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE X
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MAIN ST X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE X
STREET ADDRESS (If rural, give location): MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) R (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year): JULY - 31 - 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL - 4 - 1865

9. AGE last birthday: 89-3-27 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BROWNSVILLE WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CORNELIUS BROWN

14. MOTHER'S MAIDEN NAME: SUSAN KOONTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS. TELULA K. BROWN BROWNSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: 4 yrs.

Antecedent cause(s) (b) Chronic Myocarditis — 4 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

421.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16-1954, to 7-31-54, that I last saw the deceased alive on 7-31-, 1954, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward Mode, M. D. — ADDRESS: Boonsboro, Md. — DATE SIGNED: 8-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: AUGUST 2 - 1954 — NAME OF CEMETERY OR CREMATORY: ST. LUKES CEMETERY — LOCATION (City, town, or county) (State): BROWNSVILLE MD.

DATE REC'D BY LOCAL REG. 8/1/54 — REGISTRAR'S SIGNATURE: Cornelius H. Castle, Deputy

24. FUNERAL DIRECTOR: WM. F BAST AND SONS — ADDRESS: BOONSBORO MD.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06916

6929 CERTIFICATE OF DEATH Dr Lloyd Hoffman Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 13 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Randolph Ave

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 119 Randolph Ave

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) KELLER (Last) BUSSARD

4. DATE OF DEATH: (Month) (Day) (Year) July 17 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Jany 8 1884 | 9. AGE last birthday: 70 yrs | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cearfoss Wash. Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abram Cearfoss
14. MOTHER'S MAIDEN NAME: Johanna Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Flora Robison

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis. — yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1954, to July 17, 1954 that I last saw the deceased alive on July 17, 1954, and that death occurred at 1 A.M, from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M. D. ADDRESS 214 N. Potomac st. Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/20/54 | NAME OF CEMETERY OR CREMATORY Dunkard Cemetery | LOCATION (City, town, or county) (State) Broadfording Md.

DATE REC'D BY LOCAL REGISTRAR July 19 1954 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1954
BUREAU U. S.

6975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06917

CERTIFICATE OF DEATH

Reg. Dist. No.....

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown (Rural) — LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Marbern Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown (Rural)
STREET ADDRESS (If rural, give location) 200 Marbern Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edith	N.M.I.	Chapman	July	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Single	June 3-1863	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none.	none.	Baltimore, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Allen Armstrong Chapman	Mary Elizabeth Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none.	Helen Mercereau — 200 Marbern Rd Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1954, to July 4, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clyde A. Hoffman M.D.	214 N. Potomac St. Hagerstown, Md.	July 4, 54

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	July 6/54	Greenmount Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR (ADDRESS)
7-6-54	Ivan Rodman Lee	J. Stewart & Mowen Co. 108 W. North Ave. Balto. #1.

06918

6930

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington, Va.
STREET ADDRESS (If rural, give location) 2418-27 St.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Evelyn (Last) Conrad
4. DATE OF DEATH (Month) July (Day) 10 (Year) 1954

5. SEX Feamle
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 3, 1896
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Administrative Asst
10b. KIND OF BUSINESS OR INDUSTRY Pentagon Bldg
11. BIRTHPLACE (State or foreign country) Chest Springs, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thadius Conrad
14. MOTHER'S MAIDEN NAME Amanda Ivory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Rosella Conrad- Chest Springs, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Open fracture of mandible	118 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Open fracture rt& left femur ~~Multiple fractures of ribs~~	
	(c)	Simple fracture of rt. fibula & tiba (Hemorrhage & Shocks)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 5 '54
19b. MAJOR FINDINGS OF OPERATION Repair of Injuries
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Hagerstown (COUNTY) Wash (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) July 5 '54 3:30PM DST
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Head-on collison (auto)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mello, MD. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED July 10 '54

BURIAL CREMATION MOVAL (Specify) REMOVAL
DATE THEREOF 7-10-54
NAME OF CEMETERY OR CREMATORY Chest Springs
LOCATION (City, town, or county) Chest Springs, Penna (State)

DATE REC'D BY LOCAL REGISTRAR July 10. 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] 305 N Potomac St.
ADDRESS

MARGIN RESERVED FOR BINDING

A. E. WHITE CLEANLY, WITH UNFADING INK. Supply every item of information carefully. The cost of [illegible] is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 13 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06919

6976 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Rt. #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural give location) Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Kate (Last) Coss

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 6, 1872

9. AGE last birthday: 82 yrs
IF UNDER 1 YEAR: Months 2 Days 23
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ringgold, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Luther Justice

14. MOTHER'S MAIDEN NAME: Hettie Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Luther G. Coss, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 1-3 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of rectum — indef.

DUE TO (C) & liver metastasis - 6-8 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized — Indef

19A. DATE OF OPERATION. 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to July 29, 1954, that I last saw the deceased alive on 7-27, 1954, and that death occurred at 1245P M, from the causes and on the date stated above.

SIGNATURE Robert F. Rudel M. D. ADDRESS Hagerstown DATE SIGNED 7-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-31-1954

NAME OF CEMETERY OR CREMATORY Stouffer Men. Church Cem. LOCATION (City, town, or county) (State) Smithsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR July 30, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

AUG 2
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06920

6931 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport
STREET ADDRESS (If rural give location) 12 North Artizan Street

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Gertrude (Last) Ebersole
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9-18-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 9 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Williamsport, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Snyder
14. MOTHER'S MAIDEN NAME: Nettie Rowland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Donald Ebersole, Williamsport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocarditis arteriosclerotic — Interval Between Onset And Death: indef.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition & Lft. Cerebral apoplexy

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐
HOW DID INJURY ~~OCCUR~~?

22. I hereby certify that I attended the deceased from April, 1953, to death, 19 , that I last saw the deceased alive on 7-13, 1954, and that death occurred at 1:20PM, from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MD
ADDRESS Hagerstown
DATE SIGNED 7-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-16-1954
NAME OF CEMETERY OR CREMATORY River View Cemetery
LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR July 16 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

Dr Headlee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06921

6932 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Avon Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 13 Hagerstown
STREET ADDRESS (If rural give location) 208 Avon Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) David (Last) Eshleman
4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4/20/1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): State Line, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter L. Eshleman
14. MOTHER'S MAIDEN NAME: Susan Royer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-24-1531
17. INFORMANT & ADDRESS: Mrs. Catherine E. Maginnis, Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332-X
(a) Cerebral thrombosis 7 yr. — Interval Between Onset And Death: 1 month
DUE TO middle cerebral artery

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension — ?
DUE TO
(c) Arteriosclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 June, 1954, to 11 July, 1954, that I last saw the deceased alive on 11 July, 1954, and that death occurred at 8 25 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Edwin H. Vochlandon MD
ADDRESS Hagerstown Md
DATE SIGNED 7/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/14/1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Greencastle, Franklin, Penna

DATE REC'D BY LOCAL REGISTRAR July 12, 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Harold M. Zimmerman, Greencastle, Pa
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06922

6933 CERTIFICATE OF DEATH Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) B (Last) Fields
4. DATE OF DEATH: (Month) 7. (Day) 8 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 11. 67
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 7 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Hancock Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Brooks
14. MOTHER'S MAIDEN NAME: Rachel Gregory
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Mable Richards Hancock Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Hemorrhage DUE TO — Interval Between Onset And Death: 24 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO — Interval Between Onset And Death: yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Herpes Zoster

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1954, to July 8, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 12:05 A.M from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd A. Hoffman M.D. ADDRESS 214 N. Potomac St. Hagerstown Md. DATE SIGNED July 9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7.10.54
NAME OF CEMETERY OR CREMATORY St Thomas Cemetery
LOCATION (City, town, or county) (State) Hancock Washington Md.

DATE REC'D BY LOCAL REGISTRAR July 9, 1954
REGISTRAR'S SIGNATURE Grace H. Bowers
24. FUNERAL DIRECTOR Howard F. Rose ADDRESS Hancock Md.

VS. A15

RECEIVED
JUL 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06923

6934 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 George St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 409 George St.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Edward (Last) Fitz

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 18, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days / Hours / Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Roofing

11. BIRTHPLACE (State or foreign country): Waynesboro Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ellsworth Fitz

14. MOTHER'S MAIDEN NAME: Susan Simpson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Elsie M. Fitz Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

148X

Immediate cause (a) Malnutrition — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma pharynx. — Interval Between Onset And Death: 1 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1954, to July 27, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis B. Gruff M.D. ADDRESS 119 E. Antietam St. DATE SIGNED 7-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 29, 1954 — NAME OF CEMETERY OR CREMATORY Green Hill Cemetery — LOCATION (City, town, or county) (State) Waynesboro Pa.

DATE REC'D BY LOCAL REGISTRAR July 28, 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

RECEIVED
JUL 30 1954
BUREAU V. S.

Item 21 Film G168 7/20/54 ams

06924

MARYLAND 6977

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 305

DR. LEVAN

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO X
LENGTH OF STAY (in this place) 30 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 LAKIN AVENUE X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X BOONSBORO
STREET ADDRESS (If rural, give location) 136 LAKIN AVENUE

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) CLAIR (Last) FULTZ

4. DATE OF DEATH (Month) JULY (Day) 11 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH JAN. 2 - 1870

9. AGE last birthday 84-6-9 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSISTANT POSTMASTER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY U.S.P.O.

11. BIRTHPLACE (State or foreign country) CENTER COUNTY PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME JACOB FULTZ

14. MOTHER'S MAIDEN NAME ADDIE BATHURST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS MRS. BENJAMIN L. SMITH BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 8 yrs.

Antecedent cause(s) (b) Rheumatoid arthritis — 35 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Lacerated scalp — 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) June 28, 1954 9A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from June 28, 1954, to July 11, 1954, that I last saw the deceased alive on July 11, 1954, and that death occurred at 11.10 P. m., from the causes and on the date stated above.

SIGNATURE G W Levan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 7/12/54.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE JULY-14.1954

NAME OF CEMETERY OR CREMATORY REFORMED CEMETERY

LOCATION (City, town, or county) SHEPHERDSTOWN (State) W.VA.

DATE REC'D BY LOCAL REG. July.13.1954

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
JUL 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06925

6935 **CERTIFICATE OF DEATH** Dr Earl Young Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 8 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 228 Calvert Terrace

3. NAME OF DECEASED: (First) RUBY (Middle) PEARL (Last) GARVER
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Sept 25 1914
9. AGE last birthday 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ridenour
14. MOTHER'S MAIDEN NAME: Grace Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-26-7267
17. INFORMANT & ADDRESS: J. Edward Garver Jr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
330X
IMMEDIATE CAUSE (A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 Hrs
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-46 19..., to 7/26/54 19..., that I last saw the deceased alive on 7/26/54 19..., and that death occurred at 2.90P M, from the causes and on the date stated above.
SIGNATURE H Earl Young M.D. ADDRESS Hagerstown DATE SIGNED 7/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/28/54
NAME OF CEMETERY OR CREMATORY West Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 28, 1954
REGISTRAR'S SIGNATURE C Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 30 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

6936

2411 N. Charles Street, Baltimore

06926

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Route 4, Hagerstown

3. NAME OF DECEASED (Type or Print): (First) Violet (Middle) Louise (Last) Glenn

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-27-35

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Big Pool, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John David Myers

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Peck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT: Mother- Mary Elizabeth Duncan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralytic ileus — Interval Between Onset and Death: 48 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Peritonitis — 3 days

(c) Caesarian section

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-27-54

19b. MAJOR FINDINGS OF OPERATION: Cesarian Section - Full Term Living Baby. Band's Ring.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1954, to 7-2, 1954, that I last saw the deceased alive on 7-2, 1954, and that death occurred at 1:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel J. Wardlaw, MD. 115 King St. Hagerstown, Md. 7-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/4/54 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: July 3, 1954 — REGISTRAR'S SIGNATURE: Chas. H. Towers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
JUL 6 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06927

6978

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md X

LENGTH OF STAY (in this place) 11.Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland. Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hancock Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Litton (Last) Golden

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 19 54

5. SEX: MFemale

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wido wed

8. DATE OF BIRTH: 12.14.62

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months 7 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Penna Fulton County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Litton

14. MOTHER'S MAIDEN NAME: Mary Ann Livellliss

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Lee Manning Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular Fibrillation — Interval Between Onset And Death: 20 mins

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio Sclerosis — ? ?

DUE TO (c) Senility — ? ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938, 19 ..., to 7/10/54, 19....., that I last saw the deceased alive on ....., 19 ..., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE H E Stabler MD (Degree or title) ADDRESS Hancock Md DATE SIGNED 7/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7.12.54

NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery

LOCATION (City, town, or county) (State) Warfordsburg Fulton Penna.

DATE REC'D BY LOCAL REGISTRAR 7-12-54

REGISTRAR'S SIGNATURE J A Neller

24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.

6937 Dr Wells 06928

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 736 West Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 736 West Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) FLOYD (Middle) ***** (Last) GORMAN
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug 8 1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Press Operator
10b. KIND OF BUSINESS OR INDUSTRY: Landis Tool Co
11. BIRTHPLACE (State or foreign country): Waynesboro Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph C. Gorman Sr
14. MOTHER'S MAIDEN NAME: Annie Greenwalt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 181-03-7720
17. INFORMANT & ADDRESS: Mrs Harriett Gorman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	acute cerebral Hemorrhage	10min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/2/54
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) (State) Waynesboro, Penna.

DATE REC'D BY LOCAL REG. Aug. 2. 1954
REGISTRAR'S SIGNATURE Thomas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06929

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6938 **CERTIFICATE OF DEATH** Dr Ditto Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 10 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 702 West Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 702 West Franklin St.

3. NAME OF DECEASED (Type or Print) (First) DELLA (Middle) MAY (Last) HAGER
4. DATE OF DEATH (Month) (Day) (Year) July 19 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Oct 26 1876
9. AGE last birthday 77 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Spessard
14. MOTHER'S MAIDEN NAME: Cora Suman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Ruth Hager

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19-, 1954, to 7-19-, 1954, that I last saw the deceased ~~alive~~ died on 7-19-54, 19.., and that death occurred at 3 A M, from the causes and on the date stated above.

SIGNATURE S. W. Ditto M. D. ADDRESS Hagerstown Md DATE SIGNED 7/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/21/54
NAME OF CEMETERY OR CREMATORY Rste Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 20, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06930

CERTIFICATE OF DEATH

C939 Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 S. Valla Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 103 S. Valla Avenue

3. NAME OF DECEASED: (Type or Print) (First) Medith (Middle) Shank (Last) Hammond

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-7-1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 10 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Myersville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Koogle

14. MOTHER'S MAIDEN NAME: Emma Alice Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-[redacted]628

17. INFORMANT & ADDRESS: Obed I. Hammond, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) .....

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of descending colon

DUE TO

(c)

Interval Between Onset And Death: lyr ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1954

19b. MAJOR FINDINGS OF OPERATION: Malignancy of colon (descending)

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1953, to July 21, 1954, that I last saw the deceased alive on 7-20, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Robert Mello M.D. ADDRESS 115 N. Potomac St.; Hagerstown, Md. DATE SIGNED 7-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-24-1954

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: July 22 1954

REGISTRAR'S SIGNATURE: Edgar H. Hoover

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1954
BUREAU V. S.

06931

MARYLAND 6940

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

DR. GRAFF
119 E. ANTIETAM ST.

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 4 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) VERNIE (Middle) ELLEN (Last) HAMMOND

4. DATE OF DEATH (Month) JULY (Day) 27 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH JUNE-25-1884

9. AGE last birthday 70-1-2 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) ROHRERSVILLE WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JAMES COCHRAN

14. MOTHER'S MAIDEN NAME IDA C. REEDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS FRANK A. HAMMOND KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — yrs.

(c) Cholelithiasis & Cholecystitis — weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, Thrombophlebitis — days.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July 27, 19..., that I last saw the deceased alive on July 27, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Louis S. Graff (Degree or title) M.D. ADDRESS 119 E Antietam St 7 DATE SIGNED 28/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE JULY-31-1954

NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY

LOCATION (City, town, or county) KEEDYSVILLE WASH. CO. MD. (State)

DATE REC'D BY LOCAL REG. July 29. 1954

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
AUG 2 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06932

6979 CERTIFICATE OF DEATH Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hagerstown
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hagerstown
STREET ADDRESS (If rural give location) Woodpoint, No Address

3. NAME OF DECEASED: (Type or Print) (First) May (Middle) Esther (Last) Hance

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-31-1880

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months 11 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Ret.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Morton, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Hance

14. MOTHER'S MAIDEN NAME: Fannie Bigley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Edward H. Rhodes, Woodpoint, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple Sclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) .....

DUE TO (c)

Interval Between Onset And Death: 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1952, to 7/2, 1954, that I last saw the deceased alive on 6/29, 1954, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or Title) David L. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-4-1954

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR 7—3—54

REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy Local Reg.)

24. FUNERAL DIRECTOR C. M. Sutler & Son ADDRESS 305 N. POTOMAC ST. HAGERSTOWN, MD.

VS. A15

RECEIVED
JUL 9
BUREAU V. S.

Countersigned 7.20.54
S.R. Luther Wells, M.D.
D.M.E. Wash. Co. Md.

06933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
LENGTH OF STAY (in this place): 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 106 S. Antietam Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
STREET ADDRESS (If rural give location): 106 S. Antietam Street

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Virginia (Last) Harbaugh

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-21-1861

9. AGE last birthday: 93 yrs.
IF UNDER 1 YEAR: Months 1 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HouseWife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodstock, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Atvil Conner

14. MOTHER'S MAIDEN NAME: Catherine Reeser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. Nora Weaver, Funkstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Bronchial Pneumonia, Terminal — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Fractured Hip — 23 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: 0 — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT X / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street
(CITY OR TOWN): Hagerstown, Washington
(COUNTY): Md.
(STATE):
TIME (Month) (Day) (Year) (Hour) OF INJURY: June 24, 1954 9:30 p.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? After being assisted down steps, did not feel steady on feet and fell.

22. I hereby certify that I attended the deceased from 7/10, 19 54, to 7/16, 19 54, that I last saw the deceased alive on 7/16, 19 54, and that death occurred at home, from the causes and on the date stated above.
SIGNATURE: S. R. Wells M.D.
(Degree or title)
ADDRESS: 148 W. Wash. St., Hagerstown, Md.
DATE SIGNED: July 19, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-19-1954
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: July 19, 1954
REGISTRAR'S SIGNATURE: Charles Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Maryland
ADDRESS:

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr Kinsey

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06934

6941

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural give location) 34 Randolph Avenue

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Flag (Last) Hawthorne

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-1-1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Albert Bros.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Hawthorne

14. MOTHER'S MAIDEN NAME: Sarah Hunter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-9219A

17. INFORMANT & ADDRESS: William H. Hawthorne, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute cerebral hemorrhage

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Beginning arterio sclerotic gangrene(lt)foot — 2days

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Mello MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-14-1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 12, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06935

6942 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 43½ E. Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 43½ E. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Blanche (Last) Henesy

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 31, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emmanuel Hoffman

14. MOTHER'S MAIDEN NAME: Emma Myers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-18-3166

17. INFORMANT & ADDRESS: Mrs. C. Glen Couchman Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition — Interval Between Onset And Death: weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Metastatic carcinoma, liver & subs — 6-12 mo.
DUE TO (c) Carcinoma (adeno) rt breast — 5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 53, to July 6 54, that I last saw the deceased alive on 7-3, 1954, and that death occurred at 10:55 A.M. from the causes and on the date stated above.

SIGNATURE Robert T. Cradle (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 8, 1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

VS. A15

RECEIVED
JUL 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06936

6943

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wasington
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown
STREET ADDRESS (If rural give location) 2223 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Susan (Last) Hoffman

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: August 26, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 10 Days 6 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Shady Grove, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher Hager
14. MOTHER'S MAIDEN NAME: Christiana Talhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Mr. Howard Hoffman Buckeystown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Arterio sclerotic myocardial	10 yrs
ANTECEDENT CAUSE (S)	DUE TO	heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	Myocardial failure grade Iv	4yrs
	DUE TO (C)	Bronchial asthma	40yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to 7.2, 1954, that I last saw the deceased alive on 7.2, 1954, and that death occurred 12:15 P M, from the causes and on the date stated above.

SIGNATURE S. Robert Mello M.D. M. D. ADDRESS 115N. Potomac St., Hagerstown, Md. DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 5, 1954
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 3, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Albert L. Leaf Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06937

6944 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 457 SUMMIT AVE.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) HOFFMASTER

4. DATE OF DEATH: (Month) JULY (Day) 11 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/4/1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: DAIRY FARM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL HOFFMASTER

14. MOTHER'S MAIDEN NAME: MARY ROHRER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MR. C. CLINTON HOFFMASTER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cerebral Hemorrhage — Interval Between Onset And Death 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 1954, to 7-11, 1954, that I last saw the deceased alive on 7-10, 1954, and that death occurred at , from the causes and on the date stated above.

SIGNATURE A. W. Dutt (Degree or title) ADDRESS Hagerstown DATE SIGNED 7/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/14/54 NAME OF CEMETERY OR CREMATORY Mt. View Cemetery LOCATION (City, town or county) Sharpsburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 13, 1954 REGISTRAR'S SIGNATURE Estella H. Bowers

24. FUNERAL DIRECTOR W. J. Hormel ADDRESS Hagerstown, Md.

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06938

6945 CERTIFICATE OF DEATH Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland.
STREET ADDRESS (If rural give location) 25 Harmon Alley.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (no) (Last) Holmes

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-29-1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Berkeley Co. W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Holmes

14. MOTHER'S MAIDEN NAME: Unknew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-2188

17. INFORMANT & ADDRESS: Bertha Holmes 25 Ruby Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis. 2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1954, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

R.A. Bell M.D. Hagerstown, Maryland Aug. 2, 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-3-1954

NAME OF CEMETERY OR CREMATORY Bellevue Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Aug. 3, 1954

REGISTRAR'S SIGNATURE Howard Bowers

24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS Hagerstown Md.

RECEIVED
AUG 5
BUREAU V. S.

06939

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

C946

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa., COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle, Pa.
STREET ADDRESS (If rural, give location) R # 2

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Lloyd (Last) Hull
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 10, 1887
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Near Clearspring, Md.
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME James Hull
14. MOTHER'S MAIDEN NAME Jennie Hull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) ---
16. SOCIAL SECURITY No. 214-34-7657
17. INFORMANT AND ADDRESS William Hull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Skull, hemorrhage and shock	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subluxation Cervical vertebrae	5 days
	(c) Multiple fractures of ribs	5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture mid shaft right radius — 5 days

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) (STATE) Cearfoss Pike- Hagerstown- Wash.- Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) July 9 '54 1:20 PM DST
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Hit by an automobile while riding a horse

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE S. Robert Mells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac Street-Hagerstown, Md.
DATE SIGNED 7/15/54

CREMATION (Specify) Burial
DATE THEREOF 7/17/54
NAME OF CEMETERY OR CREMATORY St Pauls Cem
LOCATION (City, town, or county) (State) Near Clearspring

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE July 16 1954 [illegible]
24. FUNERAL DIRECTOR A K Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

A L WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. AL A

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06940

6981 CERTIFICATE OF DEATH Dr Wells Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R# 6 LENGTH OF STAY (in this place) 4 Yrs
HOSPITAL OR INSTITUTION—OR STREET ADDRESS Woodpoint

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washintton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 6
STREET ADDRESS (If rural give location) Woodpoint

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) ATWOOD (Last) JORDAN

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH. Feby 7 1891 | 9. AGE last birthday 63 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Maintenance | 10B. KIND OF BUSINESS OR INDUSTRY: Victor Hosiery Co. | 11. BIRTHPLACE (State or foreign country): Phila Pa. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Atw od Jordan | 14. MOTHER'S MAIDEN NAME: Laura Dickard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes (If Yes, give war or dates of service) W.W.#1 | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs Bessie Jordan

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Empyema of chest ------ — INTERVAL BETWEEN ONSET AND DEATH: 1yr

ANTECEDENT CAUSE (S) DUE TO (B) Paraplegia- (edema of spinal cord)---- — 6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Broncho-pneumonia — 40 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 29 '53 | 19B. MAJOR FINDINGS OF OPERATION: Drainage of empyema of chest | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. , 1950, to 7.2 , 1954, that I last saw the deceased alive on 7.2 , 1954, and that death occurred at 7:15A M, from the causes and on the date stated above.

SIGNATURE L. Robert Wells M.D. ADDRESS M. D. 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 7.3.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/6/54 | NAME OF CEMETERY OR CREMATORY Green Hill Cemetery | LOCATION (City, town, or county) (State) Waynesboro Pa.

DATE REC'D BY LOCAL REGISTRAR July 6.1954 | REGISTRAR'S SIGNATURE Chas. H. Bocard | 24. FUNERAL DIRECTOR Andrew K. Coffman | ADDRESS Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6982

CERTIFICATE OF DEATH

06941

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rt. #6
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. #6 Salem Church Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rt. #6
STREET ADDRESS (If rural give location): Salem Church Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) May (Last) Keyser

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-24-1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 0 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Broadfording, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Keyser

14. MOTHER'S MAIDEN NAME: Mary Ellen Carl

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Minnie Keyser, Hagerstown Rt. #6

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Thrombosis	1/2 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension Cardiovascular Disease	5 years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis Pneumonia	12 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1954, to July 21, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 5:30 p.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title): W. J. Seymour, M.D. — ADDRESS: 50 Public Square Hagerstown Md — DATE SIGNED: July 21, 1954.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-23-1954

NAME OF CEMETERY OR CREMATORY: Broadfording Cem.

LOCATION (City, town, or county) (State): Broadfording, Md.

DATE RECD BY LOCAL REGISTRAR: July 22, 1954

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md.

ADDRESS

JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06942

6983

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Smithsburg Md., #2

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Smithsburg Md., #2

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Ellen (Last) Kline

4. DATE OF DEATH: (Month) (Day) (Year) July 21, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 2/28/1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Smithsburg Md., #2

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Ruthrauff

14. MOTHER'S MAIDEN NAME: Nancy Welty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr Elmer L. Kline, Smithsburg Md., #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 18 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Arterio Sclerosis — 1477

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1954, to July 21, 1954 that I last saw the deceased alive on July 21, 1954 and that death occurred at 1:15 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) G. A. Kohler M.D. ADDRESS Smithsburg DATE SIGNED 7/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/24/54

NAME OF CEMETERY OR CREMATORY Welty's

LOCATION (City, town, or county) (State) Smithsburg, Washington Co., #2 Md

DATE REC'D BY LOCAL REGISTRAR July 24-54

REGISTRAR'S SIGNATURE Geo. W Ferguson

24. FUNERAL DIRECTOR Walter Y. Grove, Waynesboro Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06943

6947 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hag erstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Cypress St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Harrison
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bridgeport
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Coburn (Last) Lawson

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 18, 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Newburg W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Holmes

14. MOTHER'S MAIDEN NAME: Eliza Marker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mrs. J. Arthur Seicher Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 3 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma left breast — 8 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1954 to July 12, 1954 that I last saw the deceased alive on 7/11, 1954 and that death occurred at 6.20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Ernest F. Poole M.D. 138 W. Washington St. Hagerstown Md 7/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 15, 1954
NAME OF CEMETERY OR CREMATORY: Mosonic Cemetery
LOCATION (City, town, or county) (State): Bridgeport W. Va.

DATE REC'D BY LOCAL REGISTRAR: July 12. 1954
REGISTRAR'S SIGNATURE: Ghost H Powers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1954
BUREAU V. S.

Binkley

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06944

C948

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 900 Spruce St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 900 Spruce St.,

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Rohrer (Last) Long

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 15, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Shady Grove, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Miller

14. MOTHER'S MAIDEN NAME: Emma Stoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Ralph M. Long Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterio Sclerotic Heart Disease — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1954, to 7/25, 1954 that I last saw the deceased alive on 7/25, 1954, and that death occurred at 12.20 M, from the causes and on the date stated above.

SIGNATURE O. H. Binkley M.D. ADDRESS Hagerstown Md DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7-27-54 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 26, 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C949

CERTIFICATE OF DEATH

06945

Reg. Dist. No. 302

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY In this place 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 625 Berry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 625 Berry St.

3. NAME OF DECEASED (Type or Print): (First) Homer (Middle) Blaine (Last) Lynch
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 21 1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Lynch
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 234-01-6564
17. INFORMANT AND ADDRESS: Woodrow Lynch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure and	1 yr.
	(c) Coronary insufficiency	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1954, to 7/29, 1954, that I last saw the deceased alive on 7/29, 1954, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis J. Smith M.D. ADDRESS 114 E. Antietam St DATE SIGNED 7/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/31/54
NAME OF CEMETERY OR CREMATORY: Rosedale
LOCATION (City, town, or county) (State): Martinsburg W.Va.

DATE REC'D BY LOCAL REG.: July 30, 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Howard K. Brown
ADDRESS: Martinsburg W.Va.

RE
AUG 2
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06946

6950 **CERTIFICATE OF DEATH**

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown — LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Smithsburg rural X

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) Marie (Last) Martin

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 22, 1898

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Washington County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Kinsey

14. MOTHER'S MAIDEN NAME: Milva M. Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Paul H. Martin, Smithsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis — Interval Between Onset And Death: 13 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteri. Sclerosis — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1954, to July 3, 1954, that I last saw the deceased alive on July 3, 1954 and that death occurred at 5:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or Title): W. W. Mohler M.D. — ADDRESS: Smithsburg — DATE SIGNED: 7/4/54

23. BURIAL, CREMATION, REMOVAL: (Specify) burial — DATE THEREOF: 7-6-54 — NAME OF CEMETERY OR CREMATORY: Cavetown Reformed Cem. — LOCATION (City, town, or county) (State): Cavetown, Md.

DATE REC'D BY LOCAL REGISTRAR: July 9, 1954 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Smithsburg — ADDRESS

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BUREAU V. S.

Item 8, Film G168
7/12/54 fcy

06947

MARYLAND STATE DEPARTMENT OF HEALTH

6951

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dual Highway - U.S.40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 3210 - 19th Street

3. NAME OF DECEASED (Type or Print) (First) Martina (Middle) Veronica (Last) McKeon
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 31, 1904
9. AGE last birthday 49 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Little Fall s N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Mumford
14. MOTHER'S MAIDEN NAME Margaret Slattery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --
16. SOCIAL SECURITY No. --
17. INFORMANT AND ADDRESS Fitzgerald Funeral Home Arlington Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull - Hemorrhage and shock — 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 21
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) (STATE) U S # 40 Hagerstown, Wash. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) July 5' 54 3:30PM DST
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Head-on collison automobile during Hail storm

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident X suicide, homicide, undetermined

SIGNATURE S Robert Mills MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS 115 N. Potomac St.-Hagerstown Md
DATE SIGNED 7-5-54

TIME CLEMATION (Specify) Removal
DATE THEREOF July 5-1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) arlington Va

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE July 5. 1954 Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

JUL 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06948

C952 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown 23
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland.
STREET ADDRESS (If rural give location) Hancock Maryland.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Montgomery
4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 27. 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): Martinsburg W.V.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Montgomery
14. MOTHER'S MAIDEN NAME: Lucinda Wise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: James Montgomery Jr. Hancock Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute pyelonephritis	4 days -
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Benign hypertrophy of prostate & urinary retention	Unknown 2 years
	(c) DUE TO Arteriosclerotic heart disease	Unknown
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Parkinson's Disease	3 - 4 yrs -

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1954, to 7-4, 1954, that I last saw the deceased alive on 7-4, 1954, and that death occurred at 10.40 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) John H Thomas Jr MD
ADDRESS Hagerstown Md
DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7.8.54
NAME OF CEMETERY OR CREMATORY St Thomas Episcopal Cemetery
LOCATION (City, town, or county) (State) Hancock Washington Md.

DATE REC'D BY LOCAL REGISTRAR July 6 1954
REGISTRAR'S SIGNATURE Khalil Zoeuck
24. FUNERAL DIRECTOR Howard J Gross
ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1954
BUREAU V. S.

DR. WM. T. LAYMAN — PROFESSIONAL ARTS BLDG.

MARGIN RESERVED FOR BINDING

06949

MARYLAND — **STATE DEPARTMENT OF HEALTH**

6953

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN; LENGTH OF STAY (in this place): 10 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No. 20 ROESSNER AVE	STREET ADDRESS (If rural, give location): No. 20 ROESSNER AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
C	MAY	BOSER	JULY 19 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	WIDOWED	JUNE 18 1878	76 1 1 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	OWN HOME	SPIELMANS STATION WASH. Co. MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BANKS	CLORINDA DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	NONE	MRS. GARDNER MILLER HAGERSTOWN MD. (No 20 ROESSNER AVE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CORONARY THROMBOSIS.	25 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE	2 YEARS.
(c) HYPERTENSIVE CARDIOVASCULAR-RENAL DISEASE	18 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE 15, 1954, to JULY 19, 1954, that I last saw the deceased alive on JULY 19, 1954, and that death occurred at 8:30 A.M. P.S.T., from the causes and on the date stated above.

SIGNATURE W. T. Layman M.D. (Degree or title) — ADDRESS 5 PUBLIC SQUARE HAGERSTOWN MD — DATE SIGNED July 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 21 1954	BOONSBORO CEMETERY	BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 19 1954	Ethel Boward	WM. F. BAST AND SONS	BOONSBORO MD

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06950

CERTIFICATE OF DEATH

6954

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 E. Wilson Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 111 E. Wilson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Luther (Last) Price

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 1, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Sand Blast

11. BIRTHPLACE (State or foreign country): Martinsburg W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Price

14. MOTHER'S MAIDEN NAME: Mary Schoppart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Martin L. Price Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Failure — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension — 2 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1954, to 7/23, 1954, that I last saw the deceased alive on 7/23/54, 19 ....., and that death occurred at home, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. H. Wells M.D. 100 N. Potomac 7/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 26, 1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 26, 1954 — REGISTRAR'S SIGNATURE Grant Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 27 1954

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6955

CERTIFICATE OF DEATH

06951

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03

LENGTH OF STAY (in this place): 70 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Martin Conv. Home Va. Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03

STREET ADDRESS (If rural give location): Moller Apartments

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Newcomer (Last) Rawlins

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	5-25-1866	88 yrs.	1	23		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Jackson, Miss.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. M. Rawlins	Mary Newcomer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
NO 4	NONE	Mrs. Charles Neikirk, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary thrombosis	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis	yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Syndrome — 14 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 19 53, to July 18, 19 54 that I last saw the deceased alive on July 18, 19 54, and that death occurred at 1:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Lloyd A. Hoffman — ADDRESS: 214 N. Potomac St. Hagerstown, Md. — DATE SIGNED: 7/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-21-1954	Rose Hill Cemetery	Hagerstown, Maryland	

DATE REC'D BY LOCAL REGISTRAR: July 19 1954 — REGISTRAR'S SIGNATURE: Edna M. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
JUL 22 1954
BUREAU V. S.

06952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6956 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) Salem Ave. Extd.

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) M (Last) Reeder
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: March 7, 1889
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Boonsboro, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Storm
14. MOTHER'S MAIDEN NAME: Susan E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Ralph Reeder Hagerstown, Md. R4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes — 6 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1954, to 7-13, 1954, that I last saw the deceased alive on 7-12, 1954, and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. Hagerstown Md DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF July 16, 1954
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06953

6957 Dr Bell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2½ Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 219 Alexander St.

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) VIRGINIA (Last) RIDENOUR

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Dec 31 1914 | 9. AGE last birthday: 39 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Franklin Co Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clyde N. Shaffer
14. MOTHER'S MAIDEN NAME: Emma C. Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Theo Elmer Ridenour

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Adenocarcinoma of uterus with — INTERVAL BETWEEN ONSET AND DEATH: About

ANTECEDENT CAUSE (B) DUE TO metastases to peritoneal glands — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 1944 | 19B. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of uterus. | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 44, to July 8, 1954, that I last saw the deceased alive on July 8 1954, and that death occurred at 5:30 P. M, from the causes and on the date stated above.

SIGNATURE R A Bell M. D. ADDRESS Hagerstown. Md. DATE SIGNED July 9, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 7/10/54 | NAME OF CEMETERY OR CREMATORY: Rose Hill cemetery | LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR: July 10. 1954 | REGISTRAR'S SIGNATURE: Chas H Stouffer

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 13 1954
BUREAU V. .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06954

6984 **CERTIFICATE OF DEATH** Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cavetown X
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cavetown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Leon (Last) Ridenour
4. DATE OF DEATH: (Month) (Day) (Year) July 12, 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): divorced
8. DATE OF BIRTH: Aug. 17, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): machinist
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft Indust.
11. BIRTHPLACE (State or foreign country): Cavetown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ruben D. Ridenour
14. MOTHER'S MAIDEN NAME: Myrtle Dayhoff

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: 173-03-0307
17. INFORMANT & ADDRESS: Ruben Ridenour, Cavetown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 3 mts
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic Heart — 3 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1954 to July 12, 1954, that I last saw the deceased alive on July 12 1954 and that death occurred at 3 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) H. G. Kohler M.D. ADDRESS Smithsburg DATE SIGNED 7/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 7-14-54
NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery
LOCATION (City, town, or county) (State) Smithsburg, Md.
DATE REC'D BY LOCAL REGISTRAR July 14-54
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Smithsburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06955

6958 CERTIFICATE OF DEATH Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1540 Jefferson Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Boonesboro
STREET ADDRESS (If rural give location) Boonesboro Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Mae (Last) Robinson

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 30, 1904

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Security Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Hurd

14. MOTHER'S MAIDEN NAME: Emma Dayhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John W. Robinson Boonesboro Rt. 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary embolus — Interval Between Onset And Death: 10 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Myocarditis, arteriosclerotic — indef

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to July, 1957, that I last saw the deceased alive on 6-15, 1957, and that death occurred at 8:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. Wade MD

ADDRESS Hagerstown

DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 8, 1954

NAME OF CEMETERY OR CREMATORY Luthern Cemetery

LOCATION (City, town, or county) Smithsburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1954

REGISTRAR'S SIGNATURE Thos. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hag, Mdd

VS. A15

RECEIVED
JUL 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06956

6959

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural give location) Hall Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wesley (Last) Schowe

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: March 7, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 4 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boatman

10B. KIND OF BUSINESS OR INDUSTRY: C. & O. Canal

11. BIRTHPLACE (State or foreign country): Sharpsburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Schowe

14. MOTHER'S MAIDEN NAME: Amelia Catherine McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Sarah C. Swain Sharpsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 23 month

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia -- 1 month

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26-52 19 , to 7-12-54 19 , that I last saw the deceased alive on 7-12-54. 19 , and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE J. G. Warden, M. D. M. D. ADDRESS 832 Potomac Ave DATE SIGNED 7-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF July 15, 1954

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: July 14, 1954

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Albert L. Leaf ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 16 1954
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06957

6960 CERTIFICATE OF DEATH — Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 945 Oak Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 945 Oak Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Jacob (Last) Shirey

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-14-1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 10 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sales Representative

10b. KIND OF BUSINESS OR INDUSTRY: Majestic Mfg. Co

11. BIRTHPLACE (State or foreign country): Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. David Shirey

14. MOTHER'S MAIDEN NAME: Anna Mary Sensheimer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO.: 214-09-9785

17. INFORMANT & ADDRESS: Mrs. J. J. Shirey, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease DUE TO

(c)

Interval Between Onset And Death: (a) 1-2 hrs. (b) indefinite

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of larynx.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28, 1954, to death, 19 ..., that I last saw the deceased alive on 6-30, 1954, and that death occurred at 11 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Everett J. Kuadle MD ADDRESS Hagerstown DATE SIGNED 7-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-11-1954 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 10, 1954 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1954
BUREAU V. S.

06958

MARYLAND STATE DEPARTMENT OF HEALTH

6961

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia COUNTY Walker
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chichamauge
STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Raymond (Last) Smith
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 18 '30
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ball Player
10b. KIND OF BUSINESS OR INDUSTRY Hagerstown Packets
11. BIRTHPLACE (State or foreign country) Chickamauga Ga.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Raymond L. Smith
14. MOTHER'S MAIDEN NAME Iva Mc Cllough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Raymond L. Smith Chickamauga Ga.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	ac ute pancreatitis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	hypostatic pneumonia	
(c)	shock	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: history of malaria

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Death began suddenly while playing baseball

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mells M.C. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED 7.3.54

CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 6, 1954	Chickamauga Cemetery	Chickamauga Ga.

DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3, 1954	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06959

6985

CERTIFICATE OF DEATH

Reg. Dist. No. 803

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Clear Spring
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence- Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring
STREET ADDRESS (If rural give location): Main Street

3. NAME OF DECEASED: (Type or Print) (First) Elsie K. (Middle) (Last) Snyder

4. DATE OF DEATH: (Month) (Day) (Year) July 30, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: June 21, 1874

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Alexander Kratz

14. MOTHER'S MAIDEN NAME: Anna E. Peterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: George G. Snyder- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Carcinoma of the rectum with metastasis to liver — unknown

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1953, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 3:40 PM, from the causes and on the date stated above.

SIGNATURE: Emile Robert Cohen M. D. — ADDRESS: Clear Spring, Maryland — DATE SIGNED: 8-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Aug. 2, 1954 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 2-54 — REGISTRAR'S SIGNATURE: Joseph W. Murray — 24. FUNERAL DIRECTOR: Marian & Rowland — ADDRESS: Clear Spring, Md.

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6986 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RT. #5
LENGTH OF STAY (In this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS No Address

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RT. #5
STREET ADDRESS (If rural, give location) No Address

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Herbert	Wesley	Sponaugle		July	10	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	2-14-1925	29 yrs.	4	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Elec.	Fairchild Airc.	Merion, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Sponaugle	Kathleen Livesay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	W.W. #2	234-36-5836	Mrs. Herbert W. Sponaugle, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. WAS EXTERNAL CAUSE (PRIMARY OR CONTRIBUTING) OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Fell dead while working in yard

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD. 115 N. Potomac Street-Hagerstown, Md. 7/12/54

DISPOSITION (Burial, Cremation, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-13-1954	Rose Hill Cemetery	Hagerstown, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 12 1954	Geraldine Bowers	C. M. Suter & Sons	Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1-1

'UL 14 1954
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06961

6962

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hos ital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 527 Reynolds Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Irene (Last) Stevenson

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 14, 1906

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles B. Benson

14. MOTHER'S MAIDEN NAME: Nora Nutty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-5111

17. INFORMANT & ADDRESS: James H. Stevenson Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Uremia gradual for 4 years — INTERVAL BETWEEN ONSET AND DEATH: Acute 3 days.

ANTECEDENT CAUSE (B) DUE TO: Malegnant hypertension — indefinite

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gastric hemorrhage -

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1949, to 7-3, 1954, that I last saw the deceased alive on 7-3, 1954, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE Robert J. Leadle M. D. ADDRESS Hagerstown DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 7-6-54 | NAME OF CEMETERY OR CREMATORY Rose Hill | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1954 | REGISTRAR'S SIGNATURE Elias H. Boswell

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

RECEIVED
JUL 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06962

C963

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown O. | LENGTH OF STAY (in this place) 47 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 58 E. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Leakway (Last) Stinebaugh

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 27, 1874

9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Harrisburg Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Leakway

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY No.: ——

17. INFORMANT & ADDRESS: Marvin W. Stinebaugh Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Hypertensive cardio vascular disease — Interval Between Onset And Death: 10 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Myocardial decompensation — 48 hrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1954, to 7/14, 1954, that I last saw the deceased alive on 7/13, 1954, and that death occurred at 11.20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest T. Poole Md. | ADDRESS 138 W. Washington St. Hagerstown, Md | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 16, -54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 16, 1954 | REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C964 — 06963 — Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M — I

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pa. — COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waynesboro Pa.
STREET ADDRESS (If rural, give location): 220 Cleveland Ave.

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) H. (Last) STITELY

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: MALE — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED — 8. DATE OF BIRTH: 9-30-1879 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Brick Co. — 11. BIRTHPLACE (State or foreign country): Frederick Md — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Stitely — 14. MOTHER'S MAIDEN NAME: Henrietta Sweadner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: 173-03-1765 — 17. INFORMANT: Mrs. Mable Stitely, Waynesboro Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY EMBOLism — 40 MIN.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PROSTATE HYPERTROPHY — 1 YR.

19a. DATE OF OPERATION: 7-26-54 — 19b. MAJOR FINDINGS OF OPERATION: PROSTATE HYPERTROPHY — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1954, to 7-31, 1954, that I last saw the deceased alive on 7-31, 1954, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. G. Warden M.D. — 832 Potomac Ave HAGERSTOWN, MD — 7-31-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/3/54 — NAME OF CEMETERY OR CREMATORY: Harbaugh's — LOCATION (City, town, or county) (State): Franklin, Washington Twsp. Pa.

DATE REC'D BY LOCAL REG.: Aug. 2, 1954 — REGISTRAR'S SIGNATURE: Grace H. Bowers — 24. FUNERAL DIRECTOR — ADDRESS: Walter Y. Grove, Waynesboro Pa.

VS. A15

RECEIVED
AUG 4 1954
BUREAU V. S.

06964

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6965

CERTIFICATE OF DEATH

Dr Keadle

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 1 week — HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — STREET ADDRESS (If rural give location) 1316 Oak Hill Ave

3. NAME OF DECEASED: (First) HELEN (Middle) MAY (Last) STOCKSDALE

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH. July 12 1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR, Months / Days — IF UNDER 24 HRS., Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Chambersburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clayton E. Stone

14. MOTHER'S MAIDEN NAME: Anne Shatzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Robert H. Stocksdale

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1wk.

ANTECEDENT CAUSE (S) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: —0

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1951, to 7-15, 1954, that I last saw the deceased alive on 7-15, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE Permit J. Keadle M.D. — ADDRESS Hagerstown — DATE SIGNED 7-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/18/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Rest Haven Cemetery Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 16 1954 — REGISTRAR'S SIGNATURE Chas A Bowers

24. FUNERAL DIRECTOR — ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1954
BUREAU V. S.

06965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6966

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 767 Spruce St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 767 Spruce St.,

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) S (Last) Stouffer

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 2, 1876

9. AGE last birthday: 78 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ...atchman

10B. KIND OF BUSINESS OR INDUSTRY: W.M.R.R. Co.

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius J. Stouffer

14. MOTHER'S MAIDEN NAME: Annie C. Eavy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mazie Stouffer Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: (?)

ANTECEDENT CAUSE (B) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0 — **19B. MAJOR FINDINGS OF OPERATION** 0 — **20. AUTOPSY?** YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH? (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 — **21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)** — **21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 0 — **21E. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21F. HOW DID INJURY OCCUR?** 0

22. I hereby certify that I attended the deceased from 7/1 ..., 19 54, to 7/14 ..., 19 54, that I last saw the deceased alive on 7/11, 19 54, and that death occurred at 1 a. M, from the causes and on the date stated above.

SIGNATURE Victor D. Miller — ADDRESS M. D. Hagerstown Md — DATE SIGNED 7/14/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial — **DATE THEREOF:** 7-17-54 — **NAME OF CEMETERY OR CREMATORY:** St. Pauls — **LOCATION (City, town, or county) (State):** Hagerstown (rural) Md.

DATE REC'D BY LOCAL REGISTRAR: 7/16/1954 — REGISTRAR'S SIGNATURE: Grant Powers

24. FUNERAL DIRECTOR: Adrian H. Rowland — ADDRESS: Clearspring, Md.

RECEIVED
JUL 19 1954
BUREAU V. S.

Dr. Geo. Jennings
136 W. Washington St. Hagerstown.

MARYLAND 6967

06966

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
MARYLAND
LENGTH OF STAY (In this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA - RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) N (Last) SWOPE

4. DATE OF DEATH: (Month) JULY (Day) 23 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 24 - 1888

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINEST

10b. KIND OF BUSINESS OR INDUSTRY: FAIRCHILD AIRCRAFT

11. BIRTHPLACE (State or foreign country): WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID SWOPE

14. MOTHER'S MAIDEN NAME: ELIZABETH SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: 215-05-7286

17. INFORMANT AND ADDRESS: MRS. ELIZABETH SWOPE BOONSBORO MD. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Congestive Heart Failure — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio sclerotic Heart Disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24 ., 1952, to 7/23 ., 1954, that I last saw the deceased alive on 7/23 ., 1954, and that death occurred at 6:22 p. m., from the causes and on the date stated above.

SIGNATURE George Jennings M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED 7/26/54.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE JULY-26-1954 — NAME OF CEMETERY OR CREMATORY: FAHRNEYS CEMETERY — LOCATION (City, town, or county) (State): NR. MAPLEVILLE WASH. Co. MD.

DATE REC'D BY LOCAL REG. July 26. 1954 — REGISTRAR'S SIGNATURE Grace Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

MARGIN RESERVED FOR BINDING

1954

BUREAU V. S.

Campbell

Film#0169 Item# 8,9
8/20/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06967

0968

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 13
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 181 Fridinger Ave.

3. NAME OF DECEASED: (Type or Print) (First) Sylester (Middle) - (Last) Voleneck

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 19 54

5. SEX male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: April 21, 1893 | 9. AGE last birthday unknown 58 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: Md. Pipe Supply Co
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-[illegible]-0355
17. INFORMANT & ADDRESS Mrs. Clelie Voleneck Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 24 hr

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

334X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1954 to 7/26, 1954 that I last saw the deceased alive on 7/26, 1954, and that death occurred at 345P M, from the causes and on the date stated above.

SIGNATURE Robert V. L. Campbell M.D
ADDRESS Hagerstown Md.
DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-30-54
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/29/1954
REGISTRAR'S SIGNATURE Edna H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss
ADDRESS Hagerstown Md.

AUG 2
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06968

6969

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 833 Georgia Avenue

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Anne (Last) Wollard

4. DATE OF DEATH: (Month) July 7 (Day) (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-2-1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carroll Wollard

14. MOTHER'S MAIDEN NAME: Victoria C. DeVince

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Carroll Wollard, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Congenital Heart Disease — Interval Between Onset And Death 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2, 1954, to 7-7-, 1954, that I last saw the deceased alive on 7-7-, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. W. Ditto Jr. ADDRESS Hagerstown DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-9-1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 10, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

2074345384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1954
BUREAU V. S.

6970 Dr Wells 06969

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (In this place) ½ Hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 425 West Washington St.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) JOSEPH (Last) YOUNG
4. DATE OF DEATH (Month) (Day) (Year) July 2 1954 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Dec 4 1933
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Chauffer
10b. KIND OF BUSINESS OR INDUSTRY: Mayflower Cab Co
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul R. Young Sr.
14. MOTHER'S MAIDEN NAME: Nellie I. Bussard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean War
16. SOCIAL SECURITY NO.: 215-26-1138
17. INFORMANT & ADDRESS: Paul Young Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured Skull (Hemorrhage & Shock) — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway
21c. (City or town) R# 40 - Hagerstown (County) Washington (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/2/54 12:30 A.M. EST
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY occur? Ran off road and crashed into tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/4/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REG. July 3 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

RECEIVED
JUL 6 1954
BUREAU V. S.